FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instru	_	Office use only	
NAME OF COMMITTEE (in a	(Check if name is changed)	e Example: If typying, type over the lines	12FE4M5	
WINSTON & S	TRAWN LLP POLITICAL ACTI	ON COMMITTEE		
ADDRESS (number and	street) 1700 K ST NW			
(Check if address is changed)	washington		DC 20006 -	
	I ADDDEGO	CITY	STATE▲ ZIP CODE ▲	
COMMITTEE'S E-MAI				
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
		1 1 1 1 1 1 1 1 1 1 1 1		
COMMITTEE'S FAX N	IUMBER			
ــا لـــا				
2. DATE 1.0				
3. FEC IDENTIFICATION NUMBER C C00282921				
4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)				
I certify that I have exami	ned this Statement and to the best of my	knowledge and belief it is true, correct ar	nd complete	
Type or Print Name of	Treasurer Charles Kinn	еу		
Signature of Treasurer	Electronically Filed by Charle	s Kinney	Date 11 1 26 YYY07	
NOTE: Submission of fal		n may subject the person signing this Stat	tement to the penalties of 2 U.S.C. S437g. WITHIN 10 DAYS	
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530		

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5.	TYPE OF COMMITTEE	E OF COMMITTEE (Check One)				
	(a) This com	mittee is a principal campa	aign committee. (Complete the car	ndidate information below.)		
	(-)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
	Name of Candidate					
	Candidate Party Affiliation	Office Sought:	House	Senate President	State District	
	(c) This comm	nittee supports/opposes or	nly one candidate, and is NOT an	authorized committee.		
	Name of Candidate					
	(d) This com	nittee is a	(National, State (or subordinate) committee	ee of the	(Democratic, Republican,etc.) Party.	
	(e) This committee is a separate segregated fund					
	(f) X This committee		ore than one Federal candidate, a	and is NOT a separate segrega	ted fund or party	
6.	Name of Any Connected Organization or Affiliated Committee					
ı	None				.	
_		1				
	Mailing Address					
		1		1 1 1	1 1 1	
CITY ≜ S1			STATE 🛕	ZIP CODE 🛕		
	Relationship					
	Type of Connected Organization:					
	Corporation		Corporation w/o Capital Stock	Labor Orga	anization	
	Membership Or	ganization	Trade Association	Cooperativ		

Title or Position ♥

Advisor

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Write or Type Comm						
WINSTON &	STRAWN LLP POL	ITICAL ACTION COMMITT	EE			
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.					
Full Name	Charles Kinney	,				
Mailing Address	Mailing Address 1700 K Street, N.W.					
		Washington	DC	<u> </u>	20006 _	
Title or Position •	•	CITY A	STAT	E▲	ZIP COI	DE 🛦
	Partner		Telephone number	202	282	5765
			r eleptione number			
Full Name of Treasurer Mailing Address	Charles Kinney	1700 K Street, N.W.				
		Washington		<u> </u>	20006 _	
Title or Position 9	∀	CITY A	STAT	E▲	ZIP COI	DE A
	Partner		Telephone number	202		5765
Full Name of Designated Agent	Mr. Douglas Ri	chardson				
Mailing Address		1700 K Street, N.W.				
		Weekington			20000	
		Washington			20006 –	

CITY A

STATE A

Telephone number

202

ZIP CODE A

5868

282

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9.	Banks or Other Depositories safety deposit boxes or maintai		ounts, rents
	Name of Bank, Depository, etc.		
	PNC B	ANK	
	Mailing Address	1101 Fifteenth Street, NW	
		Washington DC 2	20005

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷